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# CY 2009 OIB Rate Package Release

June 2009

Presented by UBO Project Support Team

# Agenda



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- CMAC/CMAC Component Rates
- Associated Rate Tables (MEPRS-based Rates)
- Mapping Table Updates
- Pharmacy Rates
- Cosmetic Surgery Rates
- Questions

# CMAC Rates – Overview



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- CMAC “391” locality – continue to use for OCONUS
- Set 27 codes to \$0.00 (not available for separate reimbursement – considered part of the “global procedure”)
  - Includes any applicable telephone consults/assessments
- Added 2009 APV rate (99199) of \$1,783

	'08 rate	'09 rate	% change
FOR*:	\$ 1,568	\$ 1,783	13.71%

\*Full Outpatient Rate



# CMAC Emergency Dept (ED) Rates



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- 99281-99285 will be used for the institutional portion of an ED encounter
  - Mapped to the UB-04
  - Mapped each CPT code to appropriate APC
  - Rates are based on 2009 APC rates



# CMAC Emergency Dept (ED) Rates (cont.)



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- Due to electronic billing requirements (e.g., 837I and 837P), the professional portion of the ED encounter will not be billed
  - The CHCS billing system is unable to accommodate multiple rates for the same CPT/HCPCS code (e.g., 99281 – professional fee for the CMS 1500, and 99281 – institutional fee for the UB-04)
  - APC rates were used for CPT codes 99281–99285 (based on a decision to charge the larger amounts between the professional and the institutional fees for Emergency Department)



# CMAC ED Rates Compared



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<u>CPT Code</u>	<u>'08 rate</u>	<u>'09 rate</u>	<u>Change</u>
• 99281	\$ 50.76	\$ 52.66	3.74%
• 99282	\$ 83.67	\$ 86.14	2.95%
• 99283	\$ 132.17	\$ 136.70	3.43%
• 99284	\$ 212.59	\$ 217.91	2.50%
• 99285	\$ 315.51	\$ 323.90	2.66%





# CMAC Component Rate File



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- Added technical charges (TC) for 127 codes for which CMAC did not provide rates
  - CMAC provided professional charges (PC) for these codes
  - Each CPT code was mapped to appropriate APC
  - Assigned TC rates based on OPPS APC rates
  - Computed global rates by combining TC and PC rates

<u>CPT code</u>	<u>Professional</u>	<u>Technical</u>	<u>Global</u>
75807	\$ 51.20	\$ 337.19	\$ 338.39
93533	\$ 366.44	\$ 2,593.88	\$ 2,960.32
78813	\$ 95.08	\$1,036.92	\$132.00
91132	\$ 30.70	\$ 99.83	\$130.53



# Associated Rate Tables



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- Ambulance
- Anesthesia
- Dental
- Immunization
- Durable Medical Equipment/Supplies (DME/DMS)
- IOR/IMET (Government Discount %)
- Observation
- Pharmacy Dispensing Fee





# Contributing Factors



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## Major Factors Affecting CY 2009 OIB Rates

- DMDC outpatient conversion factor decreased from \$29 to \$14 which affected the 2008 MEPRS based rates
- Growth in Defense Health Program (In-House Budget Activity Group ) – increased to 15.07% from 1.89%



# MEPRS-Based Prices Compared



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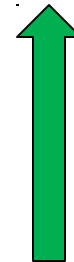
	'08 rate	'09 rate	change
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## Ambulance

FOR:	\$ 229.00	\$ 236.00	3.06%
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## Anesthesia

FOR:	\$ 1,006.00	\$1,162.00	15.51%
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- Note: Ambulance is billed using A0999 (unlisted code)
- Note: Anesthesia codes 01953, 01968, & 01969 are set to \$ 0.00



# MEPRS-Based Prices Compared



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	'08 rate	'09 rate	Change
<b>*Dental Clinic</b>			
FOR:	\$ 116.00	\$ 102.00	- 12.07%
<b>*Dental Lab</b>			
FOR:	\$ 286.00	\$ 282.00	- 1.40%
<b>Immunization</b>			
FOR:	\$ 69.00	\$ 54.00	- 21.74%



\* Used 2008 Dental weights and applied MEPRS data

# DME/DMS Rates



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- Continued to use CMS DME “floor rate”
  - No major price variances from 2008 to 2009
- Used Nov 2008 DMEPOS Fee Schedule file (most recent posted on CMS)
- Removed secondary modifiers to adhere to CHCS and TPOCS file specifications
- Included 54 Radiopharmaceuticals (A9500 – A9699)
- Added 383 codes
  - Identified codes not in the existing rate table
  - Reviewed Purchased Care data to identify reimbursement rates
- Used Purchased Care data to develop rates for DMEPOS procedures set to zero



# IOR/IMET Discount Percentages Compared



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Gov't Discount	'08	'09	Difference
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IOR:	94%	94%	0%
IMET:	57%	63%	6%

Note: the government billing discount is applied to the Full Outpatient Rate (FOR)



# Observation Rate Prices Compared



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'08 rate	'09 rate	Change
99218: \$ 882	\$ 918	4.08%
99219: \$ 1,076	\$ 918	(14.68)%
99220: \$ 993	\$ 918	(7.55)%

- For CY 2009, instituted a flat rate of \$918 using MEPRS data

# Pharmacy Dispensing Fee



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- 2009 MEPRS-based Pharmacy Dispensing Fee calculated at \$10.00
- Average Wholesale Price (AWP) includes pharmacy operations costs
- **2009 Pharmacy Dispensing Fee in CHCS and TPOCS is set to \$ 0.00**



# Mapping Table Updates



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- TPOCS Mapping Table
- CPT Revenue Mapping Table
- Modifier Mapping Table
- DMIS ID Mapping Table





# TPOCS Mapping Table



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- Updated code series
  - Added new codes
  - Deleted obsolete codes
  - Broadened existing code ranges
- Verified all mapping to appropriate tables
- Added and updated applicable modifiers
- Deleted inactive and obsolete modifiers



# Changes to TPOCS Mapping Table



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- Added/updated applicable modifiers
  - RA, RB, RV, JC and JD
  - Modifier “32” represents mandated services
- Deleted modifiers
  - 21, AQ, QA, QR, QV, RP
- Deleted code ranges
  - Q2018–Q2022; Q4054–Q4075; Q4076–Q4088
  - W0001–W9999 “00” modifier



# Changes to TPOCS Mapping Table (cont.)



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- Changed/Updated Code Ranges
  - See Attached Word Document
    - Bold text represents code range change; if not bold, then the range did not change
  - Notes:
    - If a modifier is not specified, then the change affects ALL modifiers
    - Code Range changes to the “00” modifier (for certain codes – see list)
      - “00” modifier can NO longer be used; an applicable modifier must be applied

# CPT Revenue Mapping Table



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- Used source CY 2009 file from UBU for CPT and HCPCS code update
- Added/deleted/revised and provided proper revenue code designation for all active codes
- Continued to update both Category II and III codes (those ending in letters "F" and "T")
- Where no revenue centers were indicated, revenue code 510 (clinic) was used as the default
- Service-specific requests – J codes (injectables) – updated



# Modifier Mapping Table



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- Updated code series
  - Broadened existing code ranges
- Verified all mapping to appropriate tables
  - Made sure that the ranges matched in both CHCS and TPOCS tables



# Changes to Modifier Mapping Table



**Health  
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- Added/updated applicable modifiers
  - RA, RB, RV, JC and JD
- Deleted modifiers
  - 21, AQ, QA, QR, QV, RP
- “W” code range (W0001-W9999) “00” modifier deleted



# DMIS ID Mapping Table



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- Included all DMIS ID changes that affected UBO billing
- Mapped all OCONUS sites to “391”
- Mapped all “5400” sites to locality “000”
  - Civilian institutions; therefore civilian hospital bills for facility fee, and MHS does not have the ability to bill separate outpatient professional fees

# Cosmetic Surgery Rates



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- Teleconferences/Webinar for Cosmetic Surgery will be held on
  - 23 June 2009 - 1500 EDT
  - 24 June 2009 - 0900 EDT
- Please visit TMA UBO Web site for more information.



# Effective Date



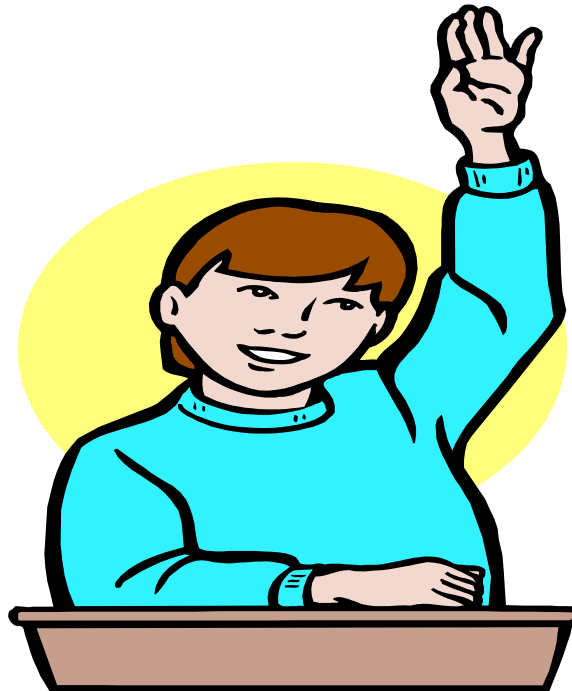
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- CY 2009 OIB Rate Package and the Cosmetic Surgery Rates are scheduled to be effective 1 July 2009

# Questions?



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# Contact Information



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If you have additional questions, please contact us via e-mail or give us a call

- [UBO.helpdesk@altarum.org](mailto:UBO.helpdesk@altarum.org)
- 703-575-5385